

# APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	MEDICAL EXAMINATION TABLE
Application Type :	regular, utility
Attorney Docket Number :	MIDTF365P2
Correspondence address:	
Customer Number:	26875
	
Inventors Information:	
<u>Inventor 1:</u>	
<b>Applicant Authority Type:</b>	Inventor
<b>Citizenship:</b>	US
<b>Given Name:</b>	Philip
<b>Middle Name:</b>	Marc
<b>Family Name:</b>	Stewart
<b>Residence:</b>	
<b>City of Residence:</b>	Greenville
<b>State of Residence:</b>	OH
<b>Country of Residence:</b>	US
<b>Address-1 of Mailing Address:</b>	5320 Tamarack Trail
<b>Address-2 of Mailing Address:</b>	
<b>City of Mailing Address:</b>	Greenville
<b>State of Mailing Address:</b>	OH
<b>Postal Code of Mailing Address:</b>	45331
<b>Country of Mailing Address:</b>	US
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	
<u>Inventor 2:</u>	
<b>Applicant Authority Type:</b>	Inventor
<b>Citizenship:</b>	US
<b>Given Name:</b>	Allen
<b>Middle Name:</b>	Chris

<b>Family Name:</b>	Herr
<b>Residence:</b>	
<b>City of Residence:</b>	Goshen
<b>State of Residence:</b>	IL
<b>Country of Residence:</b>	US
<b>Address-1 of Mailing Address:</b>	705 South 6th Street
<b>Address-2 of Mailing Address:</b>	
<b>City of Mailing Address:</b>	Goshen
<b>State of Mailing Address:</b>	IN
<b>Postal Code of Mailing Address:</b>	46526
<b>Country of Mailing Address:</b>	US
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	

Inventor 3:

<b>Applicant Authority Type:</b>	Inventor
<b>Citizenship:</b>	US
<b>Given Name:</b>	Donald
<b>Middle Name:</b>	L.
<b>Family Name:</b>	Wade
<b>Residence:</b>	
<b>City of Residence:</b>	Goshen
<b>State of Residence:</b>	IN
<b>Country of Residence:</b>	US
<b>Address-1 of Mailing Address:</b>	20111 County Road 40
<b>Address-2 of Mailing Address:</b>	
<b>City of Mailing Address:</b>	Goshen
<b>State of Mailing Address:</b>	IN
<b>Postal Code of Mailing Address:</b>	46526
<b>Country of Mailing Address:</b>	US
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	

Inventor 4:

<b>Applicant Authority Type:</b>	Inventor
<b>Citizenship:</b>	US
<b>Given Name:</b>	Richard
<b>Middle Name:</b>	Lee
<b>Family Name:</b>	Turner
<b>Residence:</b>	

<b>City of Residence:</b>	Celina
<b>State of Residence:</b>	OH
<b>Country of Residence:</b>	US
<b>Address-1 of Mailing Address:</b>	112 Pleasant View Drive
<b>Address-2 of Mailing Address:</b>	
<b>City of Mailing Address:</b>	Celina
<b>State of Mailing Address:</b>	OH
<b>Postal Code of Mailing Address:</b>	45822
<b>Country of Mailing Address:</b>	US
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	

Inventor 5:

<b>Applicant Authority Type:</b>	Inventor
<b>Citizenship:</b>	US
<b>Given Name:</b>	Joh
<b>Middle Name:</b>	Edward
<b>Family Name:</b>	Wells
<b>Residence:</b>	
<b>City of Residence:</b>	New Bremen
<b>State of Residence:</b>	OH
<b>Country of Residence:</b>	US
<b>Address-1 of Mailing Address:</b>	148 Reed Street
<b>Address-2 of Mailing Address:</b>	
<b>City of Mailing Address:</b>	New Bremen
<b>State of Mailing Address:</b>	OH
<b>Postal Code of Mailing Address:</b>	45869
<b>Country of Mailing Address:</b>	US
<b>Phone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	

Attorney Information:

practitioner(s) at Customer Number:

26875



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.